

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744828** (5)
1. Corporation Name

PALMETTO POINT CIVIC ASSOCIATION, INC.



Principal Place of Business: **637 PALMETTO POINT DR. PALMETTO FL. 34221**
Mailing Address: **P. O. BOX 628 PALMETTO FL. 34220 US**

3. Date Incorporated or Qualified: **11/03/1978**
3a. Date of Last Report: **03/29/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 59-6163911	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	27	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	28	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25	Country	29	Country			
30						

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STREICH, WALTER M 5016 3RD AVE, W PALMETTO FL 34221				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TURNER, DORIS			1.2 NAME	STEVE MINNIS		
STREET ADDRESS	4536-3RD AVE., W.			1.3 STREET ADDRESS	704-44TH ST. CT. W		
CITY-ST-ZIP	PALMETTO PT, FL 00000			1.4 CITY-ST-ZIP	PALMETTO FLA 34221		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEARS, JAMES			2.2 NAME			
STREET ADDRESS	520 43RD ST., W.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO PT, FL 00000			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STANHOPE, GORDON			3.2 NAME			
STREET ADDRESS	4404-3RD AV. W			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL			3.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLOONEY, DAVID			4.2 NAME			
STREET ADDRESS	4316-3RD AVE. W.			4.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TEJKL, STEVEN			5.2 NAME			
STREET ADDRESS	435-41ST ST. W.			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STREICH, WALTER			6.2 NAME			
STREET ADDRESS	5016 3RD AVE., W			6.3 STREET ADDRESS			
CITY-ST-ZIP	PALMETTO FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **STREICH, WALTER** *WALTER M. Streich* Feb 15, '96 (941) 722 5624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)